



DEPARTMENT OF
ECOLOGY
State of Washington

**Underground Storage Tank
Impressed Current Cathodic Protection
Evaluation Checklist**

I. UST Facility				II. UST Owner			
Facility Compliance Tag #: 1363				Name: Shop Stop LLC			
UBI: 602879425				Address: 1611 S. Canyon			
				City: Ellensburg	State: WA	ZIP: 98926	
Facility Name: Flying B #29				Phone: 509-925-9270			
Address: 1611 S. Canyon				III. CP Tester			
City: Ellensburg				Tester's Name: Kevin Wilkerson			
County: Kittitas				Company Name: NES, Inc			
State: WA				Address: POB 1583			
ZIP: 98926				City: Summer	State: WA	ZIP: 98390	
Phone: 509-925-9270				Phone: 253-241-6213			
				Certification Type: ICC			
				Certification Number: 5012674		Exp: 01/12	
IV. Cathodic Protection Tester's Evaluation							
<input checked="" type="checkbox"/> Pass		I certify that the criteria used to evaluate whether cathodic protection is adequate, as required by the Washington State Underground Storage Tank Regulations, were in accordance with a code of practice developed by a nationally recognized association (e.g. NACE).					
<input type="checkbox"/> Fail							
CP Tester's Signature:				Date CP Survey Performed: 5/11/11			
V. Retrofit or Repair Design							
All retrofitting or repairs to CP systems shall be designed by a Corrosion Expert. I certify that I am a Corrosion Expert qualified to engage in the practice of corrosion control on buried or submerged metal piping systems and metal tanks. I have attached copies of the retrofit/repair design and of the Underground Storage Tank Retrofit and Repair Checklist.							
Corrosion Expert's Name:				National Recognized Organization:			
Company Name:				Certification Number:			
Corrosion Expert's Signature:				Date:			
VI. Criteria Applicable to Evaluation							
Continuity Test		<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL		USTs must show continuity using an approved testing method			
Neg. 850 Instant Off	X	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Tanks	A negative polarized potential of at least 850 mV relative to a saturated copper-copper sulfate reference electrode (Instant Off Potential).			
	X	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Piping				
100 mV Pol.	X	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Tanks	A minimum of 100 mV of cathodic polarization between the structure surface and a stable reference electrode contacting the electrolyte.			
	X	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Piping				
VII. Action Required as a Result of this Evaluation							
<input checked="" type="checkbox"/> NONE		Cathodic Protection is adequate. No further action is necessary at this time.					
<input type="checkbox"/> RETEST		Cathodic Protection may not be adequate. Retest is necessary.					
<input type="checkbox"/> RETROFIT/REPAIR and RETEST		Cathodic Protection is not adequate. Retrofitting or Repairing is necessary.					
Remarks (Include type of gear; Ex: Multi-meter): Fluke 73 III and McMiller - Test tank Unleaded, Diesel and Super. Test product lines: Unleaded and Super							

VIII. Impressed Current Rectifier Data			
Rectifier Manufacturer	Universal	Rectifier Model Number	SSP
Rated DC Output	<u>48</u> Volts <u>8</u> Amps	Rectifier Serial Number	881571

Rectifier "As Found" Data

(*) AC Input Voltage	_____ Volts	DC Voltage on Panel Meter	<u>46</u> Volts
(*) AC Step-Down Voltage	_____ Volts	DC Voltage on Rectifier Output Terminal	<u>46.6</u> Volts
Tap Settings	C- <u>4</u> F- <u>1</u>	DC Amps on Panel Meter	<u>1</u> Amps
(*) Cycles	Secondary Taps _____ Hz	(*) Shunt Rating	<u>50/10</u>
	DC Output _____ Hz	(*) Shunt Measurement	<u>16</u> mV
		DC Amps from Shunt Reading	<u>.8</u> Amps

Rectifier "As Left" Data

(*) AC Input Voltage	_____ Volts	DC Voltage on Panel Meter	<u>46</u> Volts
(*) AC Step-Down Voltage	_____ Volts	DC Voltage on Rectifier Output Terminal	<u>46.6</u> Volts
Tap Settings	C- <u>4</u> F- <u>1</u>	DC Amps on Panel Meter	<u>1</u> Amps
(*) Cycles	Secondary Taps _____ Hz	(*) Shunt Rating	<u>50/10</u>
	DC Output _____ Hz	(*) Shunt Measurement	<u>16</u> mV
		DC Amps from Shunt Reading	<u>.8</u> Amps

IX. Individual Anode Data

Complete only if Anode Measurements can be taken independently
"As Found"

Anode #	1	2	3	4	5	6	7	8	9	10
Volts										
Amps										

"As Left"

Anode #	1	2	3	4	5	6	7	8	9	10
Volts										
Amps										

X. Remarks (Describe any modifications that were made to the CP System)

Remarks/Other:

XI. Impressed Current Cathodic Protection System Continuity Survey

Structure A"	Structure "B"	Point "A" to Point "B" or Fixed Cell Location >30'	Structure A" Fixed Voltage -30'	Structure "B" Fixed Voltage ->30'	Point to Point or Fixed Voltage Difference	Pass or Fail?	Method and Standard Used (e.g. RP-0285, R051)
1D-Riser	Turbine	NW Corner (30)	1.568	1.566	002	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Fixed R051
2U-Riser	Turbine	"	1.567	1.566	001	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	"
3S-3" Cap	Turbine	"	1.569	1.569	000	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	"
1D-Riser	Negative	"	1.568	1.568	000	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	"
2U-Riser	Negative	"	1.567	1.566	001	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	"
3S-Riser	Negative	"	1.569	1.569	000	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	"
2U-Riser	N-Disp PL	"	1.567	1.564	003	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	"
2U-Riser	C-Disp PL	"	1.567	1.563	004	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	"
2U-Riser	S-Disp PL	"	1.567	1.567	000	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	"
3S-Riser	N-Disp PL	"	1.569	1.569	000	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	"
3S-Riser	C-Disp PL	"	1.569	1.569	000	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	"
3S-Riser	S-Disp PL	"	1.569	1.568	001	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Fixed R051
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

XII. Impressed Current Cathodic Protection System Survey

[illegible]

UNDERGROUND STORAGE TANK

Check those activities which apply: X Tightness Testing Checklist
Retrofit/Repair Checklist
Cathodic Protection Checklist

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions

1. UST SYSTEM LOCATION AND OWNER

UBI Number: 602-879-425

WA: A1363

Site/Business Name: Flying B #29
Site address: 1611 Canyon Road
Ellensburg, WA
Telephone # (509) 925-5721

County: Kittitas
Zip: 98926

UST Owner/Operator: Balns, LLC
Telephone # (206) 265-0909

2. FIRM PERFORMING WORK

Service Company: NW Environmental Solutions, Inc.
PO Box 1583
Sumner, WA. 98390

Certified Supervisor: Kevin Wilkerson
PO Box 1583
Sumner, WA. 98390

Telephone #: 253/241-6213

IFIC Certification Numbers:	5012674-U1	UST Install/Retrofit	02/02/12	Expiration
	5012674-U2	UST Decommissioning1	11/08/10	
	5012674-U3	UST Tank Testing	01/05/12	
	5012674-U4	UST Cathodic Protection	01/06/12	
	5012674-U7	WA. State Site Assessment	05/23/11	

Ecology is an equal opportunity and affirmative action employer.
For special accommodation needs, please contact the Underground Storage Tanks Section at (360)407-7071.

ECY 010-160 (01.97)

UNDERGROUND STORAGE TANK

Tightness Testing Checklist

Site ID: 1363
Station: Flying B #29
Site Address: 1611 Canyon Rd.
City: Ellensburg, WA, 98926

For more than four UST systems, you may photocopy this form prior to completing

I. TIGHTNESS TESTING METHOD

Date of Test: July 06, 2011

1. Tightness testing method(s) used (indicate if more than one method was used):

Test method name/version	Petro-Tite	Vaporless	US Test	Alert Technology
Test method manufacturer	Heath Consultants	Vaporless	US Test	Alert Technology

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for all single wall tanks): MW

3. Method used for release detection:

- ☐ Weekly manual gauging
- X ☐ Daily manual inventory control
- ☐ Automatic tank gauging (ATG)
- ☐ Interstitial monitoring
- ☐ Other (describe) Manual Stick

4. Reason for conducting tightness test:

- X ☐ Required for release detection requirement
- ☐ Bring temporarily closed tanks back into service
- ☐ Tank or piping repair
- ☐ Other: -

5. Type of test conducted:

- ☐ Tank tightness test only
- X ☐ Line tightness test and/or leak detector test
- ☐ Total system test (tank and lines tested together)

6. Test method type:

- X ☐ Overfill volumetric
- ☐ Underfill volumetric
- ☐ Nonvolumetric
- ☐ Volumetric

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

- | | | | |
|--|-------|----|-------|
| 1. Has the tightness testing method used been demonstrated to meet the performance Standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%) | KWYes | No | N/A |
| 2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted? | KWYes | No | N/A |
| 3. Was the product level in the tank during the test within the limitations of the test methods performance standards? | KWYes | No | N/A |
| 4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks) | Yes | No | KWN/A |
| 5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office) | Yes | No | KWN/A |

Tightness Testing Checklist (continued)

Site ID: 1363
 Station: Flying B #29
 Site Address: 1611 Canyon Rd.
 City: Ellensburg, WA. 98926

III. TANK INFORMATION CHECKLIST

	Tank 1/ Tank 5	Tank 2	Tank 3	Tank 4
1. Tank ID# (tank name registered with Ecology)	1 & 5	2	3	4
2. Date installed	-	-	-	-
3. Tank capacity in gallons	10000/8000	10000	4000	4000
4. Last substance stored	Diesel (2)	Regular	Plus	Super
5. Number of tank compartments	1 and (2) 3&5	1	1	1
6. Tank type: (S)single wall, (D)double wall (P) partitioned	S	S	S	S
7. Is overfill device present? (Yes/No)				
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)				
9. The test method used can detect a leak of how many GPH?				
10. The numerical tank test results are? (in gallons per hour)				
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are? (Pass/Fail)				

IV. LINE INFORMATION

	Line 1	Line 2	Line 3	Line 4
1. Piping type: (S) single wall; (D) double wall	S	S	S	S
2. Pump type (T) turbine; (S) suction	T	T	T	T
3. (a) If turbine, is line leak detector present? (Yes/No)	Y	Y	Y	Y
(1) If present, was lead seal intact? (Yes/No/NA)				
(2) Line leak detector results are? (Pass/Fail)	Pass	Pass	Pass	Pass
(b) If suction, check valve located at? (T)tank (P)pump				
4. The numerical line test results are? (in gallons per hr)	-.007	-.004	-.008	-.008
5. Line tightness test results? (Pass/Fail)*	Pass	Pass	Pass	Pass

*Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to the underground storage tanks.

Person submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

Date: July 6, 2011

Signature of Certified Supervisor

Kevin Wilkerson

Date: July 6, 2011

Signature of Tank Owner/Authorized Rep.

Printed Name



DEPARTMENT OF
ECOLOGY
State of Washington

**Underground Storage Tank
Galvanic Cathodic Protection Evaluation Checklist**
Instructions are on back of form

I. UST Facility				II. UST Owner			
Facility Compliance Tag #: A 1363				Name: Short Stop LLC			
UBI: 602879425				Address: 1611 S. Canyon Rd.			
				City: Ellensburg,	State: WA	ZIP: 98929	
Facility Name: Flying B #29				Phone: 509-925-5721			
Address: 1611 Canyon Rd.				III. CP Tester			
City: Ellensburg, WA.				Tester's Name: Kevin Wilkerson			
County: Kittitas				Company Name: NES, Inc.			
State: WA.				Address: POB 1583			
ZIP: 98926				City: Sumner	State: WA	ZIP: 98926	
Phone: 509-925-5721				Phone: 253-241-6213			
				Certification Type: ICC			
				Certification Number: 5012674-U4		Exp: 01/12	
IV. Cathodic Protection Tester's Evaluation							
<input checked="" type="checkbox"/> Pass		I certify that the criteria used to evaluate whether cathodic protection is adequate, as required by the Washington State Underground Storage Tank Regulations, were in accordance with a code of practice developed by a nationally recognized association (e.g. NACE).					
<input type="checkbox"/> Fail							
CP Tester's Signature:				Date CP Survey Performed: 12/03/10			
V. Retrofit or Repair Design							
All retrofitting or repairs to CP systems shall be designed by a Corrosion Expert. I certify that I am a Corrosion Expert qualified to engage in the practice of corrosion control on buried or submerged metal piping systems and metal tanks. I have attached copies of the retrofit/repair design and of the Underground Storage Tank Retrofit and Repair Checklist.							
Corrosion Expert's Name:				National Recognized Organization:			
Company Name:				Certification Number:			
Corrosion Expert's Signature:				Date:			
VI. Criteria Applicable to Evaluation							
Continuity Test	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL			USTs must show discontinuity using an approved testing method			
Neg. 850 ON	X	2	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Tanks	Negative (cathodic) potential of at least -850 mV with the cathodic protection applied. This potential is with respect to a saturated copper-copper sulfate reference electrode containing electrolyte.		
	X		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Piping			
Neg. 850 Instant Off	X		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Tanks	A negative polarized potential of at least 850 mV relative to a saturated copper-copper sulfate reference electrode (Instant Off Potential).		
	X		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Piping			
100 mV Pol.	X		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Tanks	A minimum of 100 mV of cathodic polarization between the structure surface and a stable reference electrode contacting the electrolyte.		
	X		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Piping			
VII. Action Required as a Result of this Evaluation							
<input checked="" type="checkbox"/> NONE				Cathodic Protection is adequate. No further action is necessary at this time.			
<input type="checkbox"/> RETEST				Cathodic Protection may not be adequate. Retest is necessary.			
<input type="checkbox"/> RETROFIT/REPAIR and RETEST				Cathodic Protection is not adequate. Retrofitting or Repairing is necessary.			
Remarks (Include type of gear; Ex: Multi-meter): Fluke 73 III & MCM Miller - Note: The weather conditions are below 32 degrees, the original site was tested in August.							

VIII. Galvanic (Sacrificial Anode) Cathodic Protection System Continuity Survey							
Structure "A"	Structure "B"	Point "A" to Point "B" or Fixed Cell Location >30'	Structure "A" Fixed Voltage - >30'	Structure "B" Fixed Voltage - >30'	Point to Point or Fixed Voltage Difference	Pass or Fail?	Method and Standard Used (e.g. RP-0285, R051)
Tank Bottom-D	Tank Bottom-U	SW Corner 30'	-.874v	-.871v	3 mV	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	R051
Stip 3 Tank						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
(2) Split						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

IX. Galvanic (Sacrificial Anode) Cathodic Protection System Survey								
Structure	Contact Point	Half Cell Location	Local Voltage (ON)	Local Voltage (Instant Off)	Remote Voltage (ON) >30'	Local Voltage (Depolarized)	Pass or Fail?	Method and Standard Used
UST #1	Tank Bottom	SW Corner	-.874		-.853		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	R051
UST #2	Tank Bottom	SW Corner	-.871		-.853		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	R051
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
							<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

X. UST Site Plan. Diagram the UST System, including tanks, piping, and dispenser locations, approximate scale, and any other notable structures/physical features. Indicate north with arrow. Include the cathodic protection test locations used during this testing. The test points must be easily identifiable, so that testing can be reproduced and your results verified.













